



Sutter Medical

SIGNAGE ORDER FORM

After the order form is received CDA will contact the person designated as Ordering Contact for all details to complete the order. An estimate will be then be generated and sent to the Ordering Contact and must be signed and faxed back to CDA prior to production.

If this form is not completely filled out there will be delays in processing the signage order.

COPY

- English Copy Supplied
(Please E-mail as Attachment to: orders@cda-designs.com)
- Spanish Copy Supplied
(Please E-mail as Attachment to: orders@cda-designs.com)
- Spanish Translation Requested
(Professional Translation Service through CDA)

DESIGN

- Proof Required:
(Please Choose Proof Type(s))
 - Specification Proof
(Colors, Copy and Signage Details Outlined)
 - Photocomposition Proof
(Signage Shown in Place Using Photograph of Install Location, A Site Visit is Required.)

PROGRAMMING

- Site Visit/Meeting Requested
- Photographs of Site Requested
- Digital Floor-plan Available
This is for larger jobs when we do not have a current floor plan on file. (Please E-mail as Attachment to: orders@cda-designs.com)

INSTALLATION

Requested Install Date _____

INSTALLATION ADDRESS:

Street _____
 City _____
 Zip _____

INSTALL CONTACT:

Name _____
 Phone _____
 Fax _____
 E-mail _____

INVOICING

BILLING ORGANIZATION:

- Sutter Medical Center
 - Sutter Foundation
 - Other: _____
(Please Supply Billing Address Below)
- _____

METHOD OF PAYMENT:

- Credit Card
 - Electronic Funds Transfer
 - Check *(If applicable list PO # below)*
- PO: _____

ORDERING CONTACT

Order Date _____
 Print Name _____
 Phone _____
 Fax _____
 E-mail _____

For jobs that are required to be installed in less than one week a Rush Fee may be assessed.

If a Proof or Spanish Translation is required allow at least 48 - 72 hours for receipt of estimate.



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SIGN TYPES / QUANTITIES

(Fill-in Quantities Clearly in Box next to Sign Type)

* Concept Development Associate, Inc.
will not be liable for Non-ADA compliant signage

INTERIOR SIGNAGE	#	EXTERIOR SIGNAGE	#
Room Identification (ADA)		Room Identification (ADA)	
* Room Identification (Non-ADA)		* Room Identification (Non-ADA)	
Department Identification (ADA)		Entrance Identification (ADA)	
* Department Identification (Non-ADA)		* Entrance Identification (Non-ADA)	
Restroom Identification (Wall)		Building Identification (Wall)	
Restroom Identification (Door)		Building Identification (Freestanding)	
Stairwell Identification		Exterior Directional (Vehicle)	
Elevator Identification		Exterior Directional (Pedestrian)	
Informational		Accessible Parking	
Emergency Evacuation		Van Accessible Parking	
Directional (Small)		Accessible Parking Informational	
Directional (Large)		Parking Lot Regulatory	
Directory		Major Freestanding Sign	
Vinyl Graphics		Vinyl Graphics	
Individual Laser Graphics		Individual Laser Graphics	
Custom Sign Type (Not Listed Above)		Custom Sign Type (Not Listed Above)	

COPY ON SIGN(s)

Request Call from CDA to Collect Copy

Copy E-mailed to CDA

Copy Supplied Below:
(Use One Line Per Sign)

(Please E-mail as Attachment to: orders@cda-designs.com)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____